

_____ (County Name)

COUNTY CERTIFICATION
Prevention and Treatment Cost Report
Year-End Claim for Reimbursement
Fiscal Year 2000-01

PART I: I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Alcohol and Drug Program services in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the California Government Code; that the amount for which reimbursement is claimed herein is in accordance with Division 10.5, Part 2, Chapter 4, and Division 10.5, Part 3, Chapter 4 of the California Health and Safety Code; and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with law.

DATE: _____ SIGNATURE: _____
County Alcohol and Drug Program Administrator

EXECUTED AT _____, CALIFORNIA

PART II: I CERTIFY under penalty of perjury, that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.

DATE: _____ SIGNATURE: _____
TITLE: _____
County Auditor-Controller, City Finance Officer, etc.

EXECUTED AT _____, CALIFORNIA

FOR STATE USE ONLY

	<u>State General</u>	<u>Medi-Cal Federal</u>	<u>SAPT Block Grant</u>	<u>S.D.F.S.C.</u>
1. CLAIM FOR REIMBURSEMENT	_____	_____	_____	_____
2. ADVANCES PAID TO DATE	_____	_____	_____	_____
3. SPECIAL ADJUSTMENTS				
(A) AUDIT ADJUSTMENTS	_____	_____	_____	_____
(B) OTHER	_____	_____	_____	_____
4. NET REIMBURSEMENT	_____	_____	_____	_____

DATE: _____ SIGNATURE: _____
DEPARTMENT OF ALCOHOL & DRUG PROGRAMS